

LV 6/67

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Form: Fill out the form and print 5 copies. Sign as needed and route as specified below.

Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

| | |
|--|--------------------------------------|
| PLAINTIFF United States of America | COURT CASE NUMBER 16-02485 |
| DEFENDANT ROBERT D. STUMPH, JR. | TYPE OF PROCESS |

**SERVE
AT**NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ROBERT D. STUMPH, JR.ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)
SCI Retreat 660 State Route 11, Hunlock Creek, PA 18621

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW

KML Law Group, P.C.
701 Market
Suite 5000
Philadelphia, PA 19106Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers and Estimated Times Available for Service)

Please serve Defendant or person in charge with Summons and Complaint.

| | | | |
|--|---|---|-----------------------|
| Signature of Attorney other Originator requesting service behalf of: | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 215-627-1322 | DATE 3/2/17 |
|--|---|---|-----------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|------------------------------------|-----------------------------------|--|-----------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin 67 | District to Serve 67 | Signature of Authorized USMS Deputy or Clerk [Signature] | Date 3/2/17 |
|---|---------------------------|------------------------------------|-----------------------------------|--|-----------------------|

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date
03/07/17 Time
12:30 ☒ am ☐ pmSignature of U.S. Marshal or Deputy
[Signature]

| | | | | | |
|--------------------------------|---|----------------------------|----------------------------------|------------------|---|
| Service Fee \$130.00 | Total Mileage Charges (including odometer) \$38.00 | Forwarding Fee 0 | Total Charges \$168.00 | Advance Deposits | Amount owed to U.S. Marshal or (Amount of Refund) \$0.00 |
|--------------------------------|---|----------------------------|----------------------------------|------------------|---|

REMARKS:

1 DUOM 88; 168 M R/T

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FILED
SCRANTON

APR 05 2017

Form USM-285
Rev. 12-80PER **[Signature]**
DEPUTY CLERK

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Civil Action No.: 4:16-CV-02485-MWB

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

☒ I personally served the summons on the individual at (place) SCI Retreat
_____ on (date) 03/07/17 ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify) :

My fees are \$ 38.08 for travel and \$ 130⁰⁰ for services, for a total of \$ 168.68

I declare under penalty of perjury that this information is true.

03/07/17
Date

Sharon Summa
Server's Signature
Sharon Summa
Printed name and title

235 N. Washington Ave Scranton, PA 18503
Server's Address

Additional information regarding attempted service, etc: